

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021063

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 282 Primary Registration District No. _____

Registrar's No. 71

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1 0840

2 0930

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 1-0

13 1-0

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED JUN 3 1963~~

a. COUNTY Polk

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Humansville

Length of stay in lb
1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Dimmit Mem; Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Clair

c. CITY OR TOWN Collins

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Charles B. Bishop

4. DATE OF DEATH
Month Day Year
May 18, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11/21/83

9. AGE (last birthday)
79

IF UNDER 1 YEAR
Months Days Hours Min.
79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Collins Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Douglas Bishop

13b. MOTHER'S MAIDEN NAME

Eliza DeShazo

14. NAME OF HUSBAND OR WIFE

Linnie Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT.
Address
Linnie Bishop, Collins Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary artery thrombosis

INTERVAL BETWEEN ONSET AND DEATH
2 days

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED:
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/17/63 to 5/18/63 and last saw him alive on 5/18/63
Death occurred at 8: A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

A. H. Robinson M.D.

22b. ADDRESS

Humansville Missouri

22c. DATE SIGNED

5/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

5-20-63

23c. NAME OF CEMETERY OR CREMATORY

Holsapple

23d. LOCATION (City, town, or county)

Collins Missouri

24. FUNERAL DIRECTOR

ADDRESS

Goodrich Funeral Home, Osceola Mo.

25. DATE RECD. BY LOCAL REG.

May 24, 1963

26. REGISTRAR'S SIGNATURE

Ralph Gordon per J. H.

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1963

No permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. B. [Signature]*

Licensed Embalmer No. 3038

P. O. Address *Osceola, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

2.4